

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

CareFirst BlueCross BlueShield Associates' Federal PAC

ADDRESS (number and street)

10455 Mill Run Circle

☐Check if different
than previously
reported. (ACC)

Owings Mill

MD

21117

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00286922

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☒January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

1 1

2 3

2 0 1 0

through

1 2

3 1

2 0 1 0

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Jeanne Kennedy

Signature of Treasurer

Electronically Filed by Jeanne Kennedy

Date

0 1

3 1

2 0 1 1

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 18

Write or Type Committee Name

CareFirst BlueCross BlueShield Associates' Federal PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	2	3	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2010		10775.16
(b) Cash on Hand at Beginning of Reporting Period	18485.36	
(c) Total Receipts (from Line 19)	1638.20	16352.40
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	20123.56	27127.56
7. Total Disbursements (from Line 31)	7500.00	14504.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	12623.56	12623.56
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 18

Write or Type Committee Name

CareFirst BlueCross BlueShield Associates' Federal PAC

Report Covering the Period:

From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	1180.00	4814.00
(ii) Unitemized	458.20	11538.40
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1638.20	16352.40
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	1638.20	16352.40
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1638.20	16352.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1638.20	16352.40

DETAILED SUMMARY PAGE

of Disbursements

4 / 18

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	7500.00	7500.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	2250.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	4.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	4.00	
29. Other Disbursements.....	0.00	4750.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	7500.00	14504.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7500.00	14504.00	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 18

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	1638.20	16352.40
34. Total Contribution Refunds (from Line 28(d))	0.00	4.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1638.20	16348.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

A.

Full Name (Last, First, Middle Initial)

John A Picciotto

Mailing Address 704 Sussex Road

City

Towson

State

MD

Zip Code

21286

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

EVP & GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1262110221414

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Weekly)

B.

Full Name (Last, First, Middle Initial)

Rita A Costello

Mailing Address 1911 Corbridge Lane

City

Monkton

State

MD

Zip Code

21111

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

SVP, STRATEGIC MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1262117321414

Amount of Each Receipt this Period

36.00

P/R Deduction (\$12.00 Weekly)

C.

Full Name (Last, First, Middle Initial)

Aliza Rothenberg

Mailing Address 3413 Deep Willow Avenue

City

Baltimore

State

MD

Zip Code

21208

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

AVP, MARKET PLNG & ANALYSIS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1262119121414

Amount of Each Receipt this Period

30.00

P/R Deduction (\$0.00)

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Wanda K Oneferu-bey

Mailing Address 1319 Robin Road

City

Pikesville

State

MD

Zip Code

21208

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

AVP, INDIV SALES, TRNG, DVLPMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1262121121414

Amount of Each Receipt this Period

60.00

P/R Deduction (\$16.00 Weekly)

B.

Full Name (Last, First, Middle Initial)

Jeanne A Kennedy

Mailing Address 4915 Bramhope Lane

City

Ellicott City

State

MD

Zip Code

21043

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

VP, TREASURY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1262149021414

Amount of Each Receipt this Period

24.00

P/R Deduction (\$8.00 Weekly)

C.

Full Name (Last, First, Middle Initial)

R L Wroth

Mailing Address Box 490

City

St Michaels

State

MD

Zip Code

21663

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

DIRECTOR, MEDICAL II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1262153521414

Amount of Each Receipt this Period

24.00

P/R Deduction (\$0.00)

SUBTOTAL of Receipts This Page (optional)

108.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Steven J Sanders

Mailing Address 8495 Kings Meade Way

City

Columbia

State

MD

Zip Code

21046

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

MEMBER, SR TECHNICAL STAFF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1262155621414

Amount of Each Receipt this Period

24.00

P/R Deduction (\$8.00 Weekly)

B.

Full Name (Last, First, Middle Initial)

William V Stack

Mailing Address 9 Farm Ridge Court

City

Baldwin

State

MD

Zip Code

21013

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

VP, CORPORATE CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1262156121414

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Weekly)

C.

Full Name (Last, First, Middle Initial)

Sandra A Dilworth

Mailing Address 3 Tottenham Court

City

Baltimore

State

MD

Zip Code

21234

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

DIRECTOR, NETWORK & DESKTOP SE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1262162721414

Amount of Each Receipt this Period

30.00

P/R Deduction (\$4.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

84.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Michele K Wise

Mailing Address 3612 Granite Road

City

Woodstock

State

MD

Zip Code

21163

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

DIRECTOR, OPERATIONS I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1262164621414

Amount of Each Receipt this Period

24.00

P/R Deduction (\$0.00)

B.

Full Name (Last, First, Middle Initial)

William W Showman

Mailing Address 2122 Country Fair Lane

City

Sykesville

State

MD

Zip Code

21784

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

DIRECTOR, ACCOUNTING OPERATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1262170821414

Amount of Each Receipt this Period

24.00

P/R Deduction (\$0.00)

C.

Full Name (Last, First, Middle Initial)

Gregory M Chaney

Mailing Address 16 Fox Creek Court

City

Owings Mills

State

MD

Zip Code

21117

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

EVP, CFO & TREASURER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1262210221414

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

108.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 / 18

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Tiffany R Mathis

Mailing Address 2205 Cloville Avenue

City

Baltimore

State

MD

Zip Code

21214

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

DIR, VNDR MANG PROC REDESIGN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1262214621414

Amount of Each Receipt this Period

30.00

P/R Deduction (\$0.00)

B.

Full Name (Last, First, Middle Initial)

Michelle J Wright

Mailing Address 511 Forest Lane

City

Baltimore

State

MD

Zip Code

21228

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

AVP, STAFF SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1262215521414

Amount of Each Receipt this Period

24.00

P/R Deduction (\$8.00 Week-ly)

C.

Full Name (Last, First, Middle Initial)

Daniel J Winn

Mailing Address 468 Five Farms Lane

City

Timonium

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

AVP & MEDICAL DIRECTOR III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1262230721414

Amount of Each Receipt this Period

30.00

P/R Deduction (\$0.00)

SUBTOTAL of Receipts This Page (optional)

84.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Wanda H Moore

Mailing Address 5209 Janesdale Court

City

Glendale

State

MD

Zip Code

20769

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

DIRECTOR, CORPORATE TAXATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1262249721414

Amount of Each Receipt this Period

30.00

P/R Deduction (\$0.00)

B.

Full Name (Last, First, Middle Initial)

Jeffery W Valentine

Mailing Address 224 Tyrone Circle

City

Baltimore

State

MD

Zip Code

21212

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

AVP, CORP COMM & REP MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1262275221414

Amount of Each Receipt this Period

24.00

P/R Deduction (\$4.00 Weekly)

C.

Full Name (Last, First, Middle Initial)

Kevin C O'neill

Mailing Address 617 W. 40Th Street

City

Baltimore

State

MD

Zip Code

21211

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

VP, PROJECT MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1262299521414

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Weekly)

SUBTOTAL of Receipts This Page (optional) ▶

84.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Winston Wong

Mailing Address 1998 Conan Doyle Way

City

Eldersburg

State

MD

Zip Code

21784

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

AVP, PHARMACY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1262303721414

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Weekly)

B.

Full Name (Last, First, Middle Initial)

Michael B Edwards

Mailing Address 14236 Bradshaw Drive

City

Silver Spring

State

MD

Zip Code

20905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Group Hosp & Med Svcs,
Inc

Occupation

SVP, NETWORKS MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1262403021414

Amount of Each Receipt this Period

42.00

P/R Deduction (\$10.00 Weekly)

C.

Full Name (Last, First, Middle Initial)

Jimmy W Riggs

Mailing Address 1122 Bay Ridge Road

City

Annapolis

State

MD

Zip Code

21403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Group Hosp & Med Svcs,
Inc

Occupation

AUDITOR, ASSISTANT GENERAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1262434121414

Amount of Each Receipt this Period

24.00

P/R Deduction (\$4.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

96.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Robert M Thomas

Mailing Address 1740 T St.
Apt. #3

City State Zip Code
Washington DC 20009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Group Hosp & Med Svcs,
Inc

Occupation
DIRECTOR, MEDICAL II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1262452021414

Amount of Each Receipt this Period

24.00

P/R Deduction (\$8.00 Weekly)

B.

Full Name (Last, First, Middle Initial)

Gwendolyn D Skillern

Mailing Address 9925 Middle Mill Dr.

City State Zip Code
Owings Mills MD 21117

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation
SVP, AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1262714621414

Amount of Each Receipt this Period

42.00

P/R Deduction (\$12.00 Weekly)

C.

Full Name (Last, First, Middle Initial)

Stacey R Breidenstein

Mailing Address 1717 Boggs Rd

City State Zip Code
Forest Hill MD 21050

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation
AVP, PROV CONTRACTING&INST REL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1262762621414

Amount of Each Receipt this Period

24.00

P/R Deduction (\$8.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Andrea B Cherenzia

Mailing Address 2075 Harvest Farm Road

City

Eldersburg

State

MD

Zip Code

21784

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

DIR, SPECIAL INVESTIGATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1262836721414

Amount of Each Receipt this Period

24.00

P/R Deduction (\$0.00)

B.

Full Name (Last, First, Middle Initial)

Darlene L Lawrence

Mailing Address 8152 Bell Tower Crossing

City

Pasadena

State

MD

Zip Code

21122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Group Hosp & Med Svcs,
Inc

Occupation

AVP, PROF REL&PERF BASED PGMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1263207521414

Amount of Each Receipt this Period

30.00

P/R Deduction (\$0.00)

C.

Full Name (Last, First, Middle Initial)

Zev B Lavon

Mailing Address 4804 Hawksbury Road

City

Baltimore

State

MD

Zip Code

21208

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

ARCHITECT, ENTERPRISE III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1263254221414

Amount of Each Receipt this Period

30.00

P/R Deduction (\$0.00)

SUBTOTAL of Receipts This Page (optional)

84.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Maria H. Tildon

Mailing Address 5616 Cross Country Blvd

City

Baltimore

State

MD

Zip Code

21209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1538197921414

Amount of Each Receipt this Period

30.00

P/R Deduction (\$0.00)

B.

Full Name (Last, First, Middle Initial)

Andrew Sullivan

Mailing Address 720 Bristol Rd

City

Wilmington

State

DE

Zip Code

19803-2224

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, In-
c.

Occupation

SVP ASU - CONSUMER DIRECT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1702348721414

Amount of Each Receipt this Period

48.00

P/R Deduction (\$0.00)

C.

Full Name (Last, First, Middle Initial)

David Grosso

Mailing Address 3619 15th Street, NE

City

Washington

State

DC

Zip Code

20017-3006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carefirst, Inc.

Occupation

Vice President, Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1702348821414

Amount of Each Receipt this Period

30.00

P/R Deduction (\$0.00)

SUBTOTAL of Receipts This Page (optional)

108.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Robert Laurenzano

Mailing Address 15809 Lautree Ct.

City

North Potomac

State

MD

Zip Code

20878-3460

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFrist, Inc.

Occupation

Dental Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1705271321414

Amount of Each Receipt this Period

24.00

P/R Deduction (\$0.00)

B.

Full Name (Last, First, Middle Initial)

Tonya Vidal Kinlow

Mailing Address 3952 2nd St., SW

City

Washington

State

DC

Zip Code

20032-1421

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst, Inc.

Occupation

Vice President, Government Affairs, DC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1705271421414

Amount of Each Receipt this Period

30.00

P/R Deduction (\$0.00)

C.

Full Name (Last, First, Middle Initial)

Mr. Chester Burrell

Mailing Address 3023 O Street

City

Washington

State

DC

Zip Code

20007-3108

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst, Inc.

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1727227321414

Amount of Each Receipt this Period

120.00

P/R Deduction (\$0.00)

SUBTOTAL of Receipts This Page (optional)

174.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Ronald Bouchard

Mailing Address

City

State

Zip Code

MD

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst BlueCross BlueS-
hield

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1737060121414

Amount of Each Receipt this Period

10.00

P/R Deduction (\$0.00)

B.

Full Name (Last, First, Middle Initial)

Edwin Goodlander

Mailing Address 102 Oakdale Road

City

State

Zip Code

Baltimore

MD

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1737060221414

Amount of Each Receipt this Period

24.00

P/R Deduction (\$0.00)

SUBTOTAL of Receipts This Page (optional)

34.00

TOTAL This Period (last page this line number only)

1180.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 / 18

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

A.

Full Name (Last, First, Middle Initial)

BluePAC

Mailing Address 1310 G Street NW

City Washington, State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 37920822

Date of Disbursement

/ /

Amount of Each Disbursement this Period

7500.00

011

Category/
Type

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

7500.00